PTC/SB/17 (10-08)
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Under the Paperw	red to respond to a collection of information unless it displays a valid OMB control n							
Effective on 12/08/2004.					plete if Know			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/553,210-Conf. #1244		
FEE TRANSMITTAL						October 13, 2005		
For FY 2009						Herbert WIRZ		
				Examiner Name		J. W. Keenan		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3652		
TOTAL AMOUNT OF PAYMENT (\$) 350.00				Attorney Docket I	No.	2360-0429PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		G FEES		RCH FEES	EXAMIN	IATION FEES		
Application Type		Small Entity	(#\	Small Entity	F== (#)	Small Entity	F	D-1-1 (A)
Utility Utility	Fee (\$) 330	Fee (\$) F	<del>ee (\$)</del> 540	<u>Fee (\$)</u> 270	Fee (\$) 220	Fee (\$)	rees	Paid (\$)
Design	220	110	100	50	140	110 70		
Plant	220	110	330	165	170	70 85		
Reissue	330	165	540	270	650			
Provisional	220	110	0	0	050	325 0		
2. EXCESS CLAIM FEES		110	U	U	U	U		Carall Estite
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claim				390	195			
				e Paid (\$) Multiple Depe			ident Claims	
24 -29 or HP 0 x = <u>Fee (\$)</u> <u>Fee Paid (\$)</u>								
HP = highest number of total claims paid for, if greater than 20.								_
Indep. Claims   Extra Claims   Fee (\$)				e Paid (\$)				
HP = highest number of inden				220.00				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S)  Non-English Specification \$120 for (no recall posits, discount)								
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month  130,00								
SUBMITTED BY // / Parietmilian No.								
Signature	MIL	ren		Registration No. (Attorney/Agent)	29,271	Telephone	(703) 20	5-8000
Name (Print/Type) Charles	Gorenstein					Date (	October 2	1, 2008